

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation Project Mobilize		3. FEC Identification Number C C90014382
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 7674 W. 63rd St.		
(c) City, State and ZIP Code Summit IL 60501		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
- ☒ 24-Hour Report
☐ 48-Hour Report

b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M M	/	D D	/	Y Y Y Y Y Y Y Y
THROUGH				
M M	/	D D	/	Y Y Y Y Y Y Y Y

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES

9110.18

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

Reema Ahmad

Reema Ahmad

11/02/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Project Mobilize

Full Name (Last, First, Middle Initial) of Payee Digital Hydra, LLC		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 831 Valley View Dr.		Amount 2296.00 Transaction ID : F57.4111
City Downers Grove	State IL	
Zip Code 60516	Purpose of Expenditure Commercial Production	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: JOE WALSH		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 6710.18		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Stars & Stripes Silk Screening		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 7560 W. 100th Pl.		Amount 4414.18 Transaction ID : F57.4112
City Bridgeview	State IL	
Zip Code 60455	Purpose of Expenditure Political Mailer	Category/ Type 006
Name of Federal Candidate Supported or Opposed by Expenditure: JOE WALSH		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 4414.18		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee WGN-TV		Date MM / DD / YYYY 11 / 02 / 2012
Mailing Address 2501 W. Bradley Place		Amount 2400.00 Transaction ID : F57.4113
City Chicago	State IL	
Zip Code 60618	Purpose of Expenditure TV Spot for Commerical Ad	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: JOE WALSH		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 9110.18		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

9110.18

(b) SUBTOTAL of Unitemized Independent Expenditures..... ➤

(c) TOTAL Independent Expenditures ➤
(carry total from last page forward to Line 7)

9110.18